

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

FORM C/OH

COVER SHEET PG 1

2003 JAN 15 PM 4:13

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX				
Councilman Enrique					Date Received
"Mike" MARTIN					Date Hand-delivered or Date Postmarked
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE				
	8327 STATON SAT 78224				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI			Receipt # Amount	
	NICKNAME LAST SUFFIX			Date Processed	
LTC (let) Tommie					Date Imaged
MALONE					
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE				
	2202 Cypress Pearl SAT 78232				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
	(210) 635-9535				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year			Month Day Year	
	07 / 01 / 02			THROUGH 12 / 31 / 02	
10 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE	
	/ /			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)	
	City Council District 4				
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,250.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 129.84

4. TOTAL POLITICAL EXPENDITURES

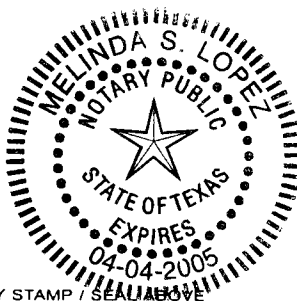
\$ 6,309.93

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2,433.70

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Enrique Martin, this the 15th day of January, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1 of 1

2 FILER NAME

ENRIQUE MARTIN

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

8-27-02

5 Full name of contributor

G. HassLocher

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

8520 Crownhill Blvd.  
SAT 782097 Amount of  
contribution (\$)

500.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9-11-02

Full name of contributor

Baltazar Seana

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

120 Villita  
SAT 78205Amount of  
contribution (\$)

750.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9-1-02

Full name of contributor

San Antonio Firefighters P.A.C.

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

8925 West IH 10  
SAT 78230Amount of  
contribution (\$)

1,000.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9-12-02

Full name of contributor

Peter M. Holt

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

2181 Little Blanco Rd  
Blanco, Texas 78606Amount of  
contribution (\$)

1,000.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9-18-02

Full name of contributor

San Antonio Police Officers Assoc. P.A.C.

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1939 N.E. Loop 410 #230  
SAT 78217Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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2003 JAN 15 PM 4:13RECEIVED  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1 of 2

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

9-24-02

5 Full name of contributor

☐ out-of-state PAC (ID#)

FullBright & Jaworski L.L.P. T.C.

6 Contributor address; City; State; Zip Code

1301 McKinney STE 5100

Houston, Texas 77010

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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2003 JAN 5 PM 4:13  
CITY CLERK

POLITICAL EXPENDITURES		RECEIVED CITY OF SAN ANTONIO CITY CLERK	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>1 of 1</b>	
2 FILER NAME <b>ENRIQUE MARTIN</b>		3 ACCOUNT # (Ethics Commission filers) <b>00051464</b>	
4 Date <b>7-3-02</b>	5 Payee name <b>Francisco Pizzana</b> 6 Payee address; City; State; Zip Code <b>1511 W. Vestal SAT 78224</b>	7 Amount (\$) <b>120.00</b>	
8 Purpose of payment (See instructions regarding type of information required.) <b>Donation</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date <b>7-5-02</b>	Payee name <b>Jeannette Flores</b> Payee address; City; State; Zip Code <b>7710 Somerset SAT 78211</b>	Amount (\$) <b>100.00</b>	
Purpose of payment (See instructions regarding type of information required.) <b>Donation</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date <b>7-25-02</b>	Payee name <b>P. A. C. E. Neighborhood Association</b> Payee address; City; State; Zip Code <b>5763 Ray Ellison SAT 78242</b>	Amount (\$) <b>100.00</b>	
Purpose of payment (See instructions regarding type of information required.) <b>Donation</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date <b>8-6-02</b>	Payee name <b>JOE &amp; Elaine De Rosa</b> Payee address; City; State; Zip Code <b>8722 Five Palms SAT 78242</b>	Amount (\$) <b>100.00</b>	
Purpose of payment (See instructions regarding type of information required.) <b>Donation</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES		CITY OF SAN ANTONIO CITY CLERK	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		2003 JAN 15 PM 4:13	
2 FILER NAME <b>ENRIQUE MARTIN</b>		1 Total pages Schedule F: <b>1 of 2</b>	
3 ACCOUNT # (Ethics Commission filers) <b>00051464</b>			
4 Date <b>8-19-02</b>	5 Payee name <b>R.J. Publications</b> 6 Payee address; City; State; Zip Code <b>2203 S. Hackberry SAT 78210</b>	7 Amount (\$) <b>300.00</b>	
8 Purpose of payment (See instructions regarding type of information required.) <b>West Campus / Somerset Ads</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <b>8-19-02</b>	Payee name <b>Hartland High School</b> Payee address; City; State; Zip Code <b>102 Genevieve SAT 78214</b>	Amount (\$) <b>100.00</b>	
Purpose of payment (See instructions regarding type of information required.) <b>Advertisement</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <b>8-19-02</b>	Payee name <b>Southwest Athletic Booster</b> Payee address; City; State; Zip Code <b>11914 Dragon Ln SAT 78242</b>	Amount (\$) <b>160.00</b>	
Purpose of payment (See instructions regarding type of information required.) <b>Advertisement</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <b>8-22-01</b>	Payee name <b>John Jay Booster Club</b> Payee address; City; State; Zip Code <b>7611 Marbach SAT 78227</b>	Amount (\$) <b>100.00</b>	
Purpose of payment (See instructions regarding type of information required.) <b>Advertisement</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
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## POLITICAL EXPENDITURES

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CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE F

2003 JAN 15 PM 4:13

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 3

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

8-24-02

5 Payee name

Natalie Rendon

6 Payee address; City; State; Zip Code

P.O. Box SAT 78292

7 Amount (\$)

600.00

8 Purpose of payment (See instructions regarding type of information required.)

Donation

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

8-27-02

Payee name

AFL-CIO

Payee address; City; State; Zip Code

311 S. ST. Mary's SAT 78205

Amount (\$)

175.00

Purpose of payment (See instructions regarding type of information required.)

Advertisement

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

8-27-02

Payee name

Miguel Carrillo Elementary

Payee address; City; State; Zip Code

500 Price SAT 78211

Amount (\$)

367.00

Purpose of payment (See instructions regarding type of information required.)

Donation

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

8-30-02

Payee name

South San Antonio Booster

Payee address; City; State; Zip Code

2515 Bobcat Ln SAT 78224

Amount (\$)

150.00

Purpose of payment (See instructions regarding type of information required.)

Advertisement

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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## POLITICAL EXPENDITURES

CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE F

2003 JAN 15 PM 4:13

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1 Total pages Schedule F:

1 of 4

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

9-6-02

5 Payee name

Bobs STORAGE

6 Payee address;

City; State; Zip Code

3343 S.W. military Dr. 78211

7 Amount  
(\$)

237.00

8 Purpose of payment (See instructions regarding type of information required.)

STORAGE

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

9-10-02

Payee name

Postmaster

Payee address;

City; State; Zip Code

7411 Baalite SAT 78224

Amount  
(\$)

46.30

Purpose of payment (See instructions regarding type of information required.)

Box Dues / Postage

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

9-24-02

Payee name

Henry Avila

Payee address;

City; State; Zip Code

1808 Parnell SAT 78224

Amount  
(\$)

150.00

Purpose of payment (See instructions regarding type of information required.)

Election Support Service

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

9-26-02

Payee name

Senior Services

Payee address;

City; State; Zip Code

111 W. Laurel SAT 78212

Amount  
(\$)

300.00

Purpose of payment (See instructions regarding type of information required.)

Donation

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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## POLITICAL EXPENDITURES

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## SCHEDULE F

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1 Total pages Schedule F:

1 of 5

2 FILER NAME

ENRIQUE MARTIN

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

9-30-02

5 Payee name

Enterprise Rent-a-Car

6 Payee address; City; State; Zip Code

3641 S.W. Military Dr. SAT 78211

7 Amount (\$)

562.00

8 Purpose of payment (See instructions regarding type of information required.)

Automobile Rental for  
Campaign Services

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

10-7-02

Payee name

Rainbow Hills N.A.

Payee address; City; State; Zip Code

568 RASA SAT 78227

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Donation

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

10-17-02

Payee name

RJS High School Sports

Payee address; City; State; Zip Code

2203 S. Hackberry SAT 78210

Amount (\$)

1,500.00

Purpose of payment (See instructions regarding type of information required.)

Advertisement

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

10-22-02

Payee name

Pinnacle Video Group Inc.

Payee address; City; State; Zip Code

407 6th ST. SAT 78215

Amount (\$)

97.09

Purpose of payment (See instructions regarding type of information required.)

video

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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## POLITICAL EXPENDITURES

CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE F

2003 JAN 15 PM 4:13

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 6

2 FILER NAME

Enrique MARTIN

3 ACCOUNT # (Ethics Commission filers)

000 51464

4 Date

10-22-02

5 Payee name

Florinda Serwa

6 Payee address; City; State; Zip Code

150 IROGOIS SAT 78211

7 Amount (\$)

100.00

8 Purpose of payment (See instructions regarding type of information required.)

Donation

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

11-4-02

Payee name

South Side Reporter

Payee address; City; State; Zip Code

2203 S. Hackberry SAT 78210

Amount (\$)

279.00

Purpose of payment (See instructions regarding type of information required.)

Advertisement

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

11-27-02

Payee name

John Belgado

Payee address; City; State; Zip Code

P.O. Box 839964 SAT 78283

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Support Services

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

11-27-02

Payee name

Eloy Laque

Payee address; City; State; Zip Code

P.O. Box 839964 SAT 78283

Amount (\$)

178.00

Purpose of payment (See instructions regarding type of information required.)

Support Services

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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## POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 7

2 FILER NAME

ENRIQUE MARTIN

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

12-4-02

5 Payee name

Pinnacle Video Group, Inc.

6 Payee address;

City; State; Zip Code

407 6th ST. SAT 78215

7 Amount (\$)

48.54

8 Purpose of payment (See instructions regarding type of information required.)

video

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

12-4-02

Payee name

John Delgado

Payee address;

City; State; Zip Code

P.O. Box 839966 SAT 78283

Amount (\$)

121.00

Purpose of payment (See instructions regarding type of information required.)

Support Service

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

12-4-02

Payee name

South San Civic Center

Payee address;

City; State; Zip Code

503 Lovett SAT 78211

Amount (\$)

35.00

Purpose of payment (See instructions regarding type of information required.)

Donation

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

12-10-02

Payee name

Postmaster

Payee address;

City; State; Zip Code

7411 Baulite SAT 78224

Amount (\$)

74.00

Purpose of payment (See instructions regarding type of information required.)

Postage

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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